COMMUNITY:	The Shores Of Albuquerque HOA
Unit Number	

CONTACT DATA FORM

Please complete the following information:

HOMEOWNER INFORMATIO	N							
Homeowner Name(s):								
Home Telephone #				Work	#			
E-mail:				Cell:	#			
Mailing Address: (if different from above#)								
2nd Home Address: (if applicable)								
2nd Home Telephone #s: Times of Year at 2nd Home:								
IN CASE OF BUILDING EMER	RGENCY IN MY	ABSENCE, C	CONTACT:	(Should have ke	ys)			
#1 Name:				_	Phone#s	S:		
#2 Name:						Phone#s:		
TO BE COMPLETED IF YOUR								
Name:								
Home #				_ Work	#			
Property Management Contact:	Telephone:				Emora #1			
	•				Emerg #:			
HOUSEHOLD PET INFORMAT		Duood		Haiabt	\\\aight	Color	Ago	
Pet #1	Species	Breed		Height	Weight	Color	Age	
VEHICLE INFORMATION: Vehicle #1	License		Make		Model		Color	
Vehicle #2 Vehicle #3								
Vehicle #4								
SPECIAL NEEDS:	Please make us aware of any special needs you may have in the event of a property-related emergency.							